



**ADULT DRUG TREATMENT COURT
EMPLOYMENT VERIFICATION FORM**

Client Name: _____

Client Phone Number: _____

Name of Current Employer: _____

Date of Hire with Current Employer: _____

Employer Phone Number: _____

Contact Person at Employer: _____

Job Title/Type of Job : _____

Location of Employer (Address/City): _____

Number of hours worked per week: _____

Your Treatment Agency

CCS

/

EMI

Do you have health benefits:	YES / NO
May Drug Court Contact your Current Employer if needed?:	YES / NO

Signature: _____

Date: _____

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